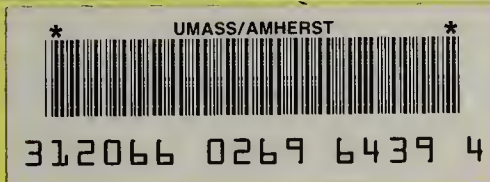# COMMUNITY PARTNERSHIPS
FOR CHILDREN
and
MASSACHUSETTS
FAMILY NETWORK

Request for Proposals
(RFP for Continuation Funding)

Due by Friday, May 28, 1999

Massachusetts

**Department of
EDUCATION**

May 1999

The Commonwealth of Massachusetts
Department of Education

350 Main Street, Malden, Massachusetts 02148-5023   Telephone: (781) 388-3300

May 5, 1999

Dear Superintendents and Early Care and Education Contacts:

We are pleased to send you these applications for continuation grants for the Community Partnerships for Children and Massachusetts Family Network programs. These grants will allow those programs that are currently being funded to continue at the same funding level.

Included in this package is an individualized sheet indicating the amount for which you are eligible to apply for each grant program. Note that we have unified funding for all phases of the Community Partnerships for Children program. The amounts for the Massachusetts Family Network remain the same as in FY '99. This grant package is available over the Internet in *Microsoft Word* at www.doe.mass.edu. The application is also accessible in *Macintosh Microsoft Word*. The grant applications should be completed and sent in on or before May 28, 1999.

The development of the application and budget is the responsibility of the lead agency in collaboration with its council or coalition. Once a council/coalition has approved the proposal, the lead agency is responsible for submitting the application. The Department has a procedural manual for writing and managing grants if you need more information about the grant process.

It is critical that we receive your applications as soon as possible since we need to complete the review and approval process in order to have your grant approved for a start date of July 1, 1999. We estimate that if the budget is signed on time and your applications are in on time, you should receive your first payment around August 1, 1999. The start date for the program will be July 1, contingent upon approval of funding in the state budget.

If you have questions or concerns, call the Early Childhood Liaison for your community or the general number for Early Learning Services at (781) 388-3300, ext. 357.

Thank you for your leadership in the education and healthy development of young children in your community.

Sincerely,

David Driscoll
Commissioner of Education

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INSTRUCTIONS

Developing the application and budget for each program is the responsibility of the lead agency in collaboration with the council(s) or coalition(s). Once a council/coalition has approved the proposal, the lead agency is responsible for submitting the application(s).

What is in this package:

1)   The *Request for Proposals* describes the purpose, priorities and requirements of each program.

2)   Part II, the *Standard Application for Grants,* contains the signature and budget pages that must be completed. These standard forms must be submitted for each grant program.

3)   Part III, *Required Program Information,* is the narrative portion of the application.

4)   Part IV, *Statistical Information,* describes the data or statistics relating to the program that are required. The Community Partnerships for Children application combines Part III and Part IV.

This grant application package is available over the Internet in *Microsoft Word for Windows* and in *Macintosh Microsoft Word* at *www.doe.mass.edu.*

What to submit:
For each grant, the application package should include:

- the signature page;
- the list of program contacts
- the budget detail pages; and
- the information requested in Parts III and IV.

For each program, submit one application(s) with original signatures along with two copies of the application.

Where and when to submit the application:
The due date for the applications is on or before **May 28, 1999.**

Submit the application and copies to: **Department of Education, Grants Management, 350 Main Street, Malden, Massachusetts 02148**

How to get assistance:
Call the early childhood liaison for your community if you have questions or concerns. You may want to request "A Guide to Community Partnerships for Children" or the Department's procedural manual for writing and managing grants. If you do not know the name of your liaison or have her extension, call 781-388-3300, ext. 357.

Community Partnerships
For
Children

Fund Code: 391

| Name of Grant Program: | Community Partnerships for Children | Fund Code: 391 |

Purpose:

The program provides funding for preschool-aged children to attend comprehensive, high-quality early care and education programs. With the planning and oversight of a Community Partnerships Council, agencies, families and other community members work together to build a network of programs and services that increases the availability, affordability and quality of programs that are responsive to the needs of parents and that contribute to the healthy development of children.

Priorities:

Increase the affordability and accessibility of programs for preschool-aged children of diverse abilities, special needs, cultural, linguistic and economic backgrounds by providing financial assistance to programs and/or families to enable children to attend.

Enhance collaboration among community programs and services for preschool-aged children and their families.

Provide comprehensive programs and services, including nutrition, social services, mental and physical health services and family education and literacy programs.

Provide programs that are of high quality and that offer rich language and literacy environments.

Conduct community outreach to ensure that children of families who may be hard to reach by traditional methods are located and offered an opportunity to participate in a program that meets their needs.

Eligibility:

Funds will be awarded to lead agencies (LEAs, Head Start agencies or licensed child care agencies) that are located within the community or communities being served and that received Community Partnerships for Children grants in FY 99. Programs that were awarded funds prior to FY 96 may use that portion of their FY 2000 grant to support children who meet the eligibility criteria established in FY 93 (low income/at risk). Funds in excess of this amount must be used to support children of working families, who must contribute to the program according to the state sliding scale. An active Community Partnerships Council is required; minimum required membership is listed on the Council sign-off sheet. Yearly program and budget data and program evaluations are required.

Funding:

Current grant recipients may apply for the total amount awarded to the community or group of communities in FY 99. Refer to the individualized sheet that outlines each Community Partnership's eligibility amount.

Fund Use:

Funds may support eligible children in Head Start, public schools, private preschool or child care centers and family child care programs. Funds may be used to support kindergarten-aged children in extended or enhanced kindergarten programs only if those programs were funded prior to FY 93. Councils are encouraged to continue funding existing programs to promote stability of services for young children and families. Statewide, at least one third of the children supported by funds awarded after FY 95 must be in full-day, full-year programs.

Project Duration:

7/1/99 – 6/30/2000, provided that the grantee meets requirements of the program, and subject to appropriation.

Contact:

Early Learning Services

Phone Number:

781-388-3300, extension 357

Part III: REQUIRED PROGRAM INFORMATION

Applicant:

Complete the following information about your Community Partnerships for Children program; additional pages may be attached if more space is needed to answer narrative questions. The purpose of gathering this information is to assess the needs of programs and review the implementation of the program objectives across the state. **The Community Partnerships Council will need to participate in completing this application.** One year remains before a fuller program description is requred, contingent upon appropriation of funds in the state budget. **The information requested in this section pertains to FY 99 (July 1, 1998 - June 30, 1999).** Part II, Project Expenditures, applies to **FY 00.** Please provide as accurate data as possible. Information is requested about all funding/programmatic phases of the program:

Phase I   =   programs funded prior to FY 93;

Phase II =   programs that received new expansion funds in FY 93 to serve children from
low income families or who are "at risk"

Phase III=   funds awarded for FY 96, 97, 98 and/or 99 to serve children of working families
earning less than 100% of state median income

MEETING CPC OBJECTIVES

<u>Objective 1</u>:   **Increase the affordability and accessibility of programs for three and four year old children of working families of diverse abilities and special needs, diverse cultural, linguistic and economic backgrounds.**

1A.   Number of children served in FY 99:

Direct Services[1] to children	A. # of children served	B. Of the number in Column A, how many children were in full day[2] for less than 12 months?	C. Of the number in Column A, how many were in full day programs for 12 months?	D. Of the number in Column A, estimate how many children fall into the 4 categories listed below[3]
a. Phase I, II eligibility/funds				# below 50% SMI:_____ # between 50-75% SMI:_____ # between 76-100% SMI:_____ # above 100% SMI:_____
b. Phase III eligibility/funds				# below 50% SMI:_____ # between 50-75% SMI:_____ # between 76-100% SMI:_____ # above 100% SMI:_____
TOTAL				

If possible, please indicate how many full-time equivalencies (FTE) the total number from Column A represents[4]:_____

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[1] Direct services = children in programs, may include number receiving tuition subsidies and/or children served in a classroom where a teacher and/or an aide was paid with CPC funds.

[2] Full day = 5 hours or more of service per day and/or 25 hours or more per week

[3] Total number listed in each box should equal the total number of children served within each Phase.

[4] 1 slot = one full-time equivalency or 1.0 FTE or 25 hours or more of care per week; in responding to this question, please consider the following example: Center X provides services to Johnny in the morning and Susie in the afternoon. Although the center serves two children, Johnny and Susie share the same slot so the total number of children served would be two but represent one slot. If Center X providers services to Johnny and Susie for 8 hours per day each, then the two children served represent two slots. ·

1B.   Types of programs that served preschool-aged children during **FY 99:** Use the following table to report the number of children served, in all phases of funding, by program type and numbers of hours per day. Children may be double counted if they were in two programs that were fully or partially supported by CPC funds. For example, if a child is in a 3-hour public school preschool program and then spends 5 hours in a family child care home, count the child in both categories. For Head Start programs, count only children paid with CPC funds and not other state or federal Head Start funds. The numbers provided should either equal or be greater than the total number of children served in FY 99 as reported in question 1A. If a child does not attend the same number of hours per day each day, average the total number of hours per week over five days.

a. Hours per day	Program:			
	Public School	Head Start	Private Center	Family Child Care
Less than 3 hrs/day				
3-5 hrs/day				
6-8 hrs/day				
8+ hrs/day				

If there are any children in the above table who attend programs fewer than 3 days per week, complete the chart below:

b.	Public School	Head Start	Private Center	Family Child Care
1 day per week				
2 day per week				

1C.   Please describe the reasons that children attend programs for only 1 or 2 days per week.

1D.   How many of the children served in FY 99 were referred from the local Child Care Resource and Referral (CCR&R) wait list?_____

1E.   If you did not serve children on the CCR&R wait list, why not? (Check all that apply.)
_____ children on the CCR&R wait list were not eligible for Community Partnerships for Children
_____ children served, but kept on the CCR&R wait list to attempt to secure a place in the OCCS system to ensure continuity of care when the child is no longer eligible for CPC (entering kindergarten).
_____ the local CPC program used its own waiting list
_____ family found a placement
_____ family did not respond to outreach
_____ all programs were full
_____ did not know CCR&R kept a wait list
_____ other: _____

1F.   How many kindergarten-eligible children were served in a kindergarten classroom enhanced by an aide, or in an extended day kindergarten programs using CPC/Phase I funds during **FY 99**? (Please note: If you do not receive Phase I funds, the answer should be "0.") _____

1G.   How many children on IEPs received additional program services as a result of CPC[5]?_____

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[5] Program services refers to child care/preschool programming that the child received as a result of CPC or additional hours of programming, such as extended hours of service provided during school vacations and/or the summer months, which extend beyond the hours stated in his/her IEP.

Cross-community placements: If you provided services to a child in another community or received children from other CPCs and have a written cross-community placement policy, please attach a copy.

1H. How many children did your CPC place in a community not served by your CPC program and for whom the CPC paid the tuition subsidy? _____

1I. How many children were placed in your community or communities by another CPC program?_____

1J. The information requested in the boxes below refer to all communities that are involved in your CPC program.

Head Start	Public School	Private Preschool andChild Care	Family Child Care
# of programs[6]:_____	# of preschool classrooms[6]:_____	# of programs[6]:_____	# of family child care providers[6]:_____
# of programs participating in CPC: directly[7]:_____ indirectly[8]:_____ in training[9]:_____	# of classrooms participating in CPC: directly[7]:_____ indirectly[8]:_____ in training[9]:_____	# of programs participating in CPC: directly[7]:_____ indirectly[8]:_____ in training[9]:_____	# of providers participating in CPC: directly[7]:_____ indirectly[8]:_____ in training[9]:_____
# of integrated/inclusive[10] classrooms:_____	# of integrated/inclusive classrooms[10]:_____	# of children on IEPs served at participating centers[10]:_____	# of children on IEPs served in participating fcc homes[10]:_____
	# of classrooms holding more than one session: _____		

1K. For providers not participating in CPC, rank the top three reasons (1 being the most common reason) why providers choose not to participate in CPC:
_____ accreditation requirement
_____CDA/accreditiation requirement for family child care
_____ timeliness of reimbursement for services
_____ rates
_____ do not know enough about CPC
_____ philosophical differences
_____ other – please describe:_____

1L. How many providers in the community or communities served are unwilling to participate due to the council's chosen rate system?_____

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[6] This number should represent the total number of classrooms or family child care homes in the community or communities, regardless of whether they participate in CPC or not.
[7] Direct participation refers to those programs and classrooms that included children funded by CPC and/or children served in a classroom where a teacher and/or an aide was paid with CPC funds.
[8] Indirect participation refers to those programs and classrooms that did not include children funded by CPC but received funding for supplies, materials, equipment, renovations, training, accreditation/CDA support, etc.
[9] Of those directly and/or indirectly participating, how many participated in training?
[10] Integrated/inclusive classrooms/programs are defined as those that include children with disabilities who have Individual Educational Plans (IEPs).

Objective 2:   Enhance collaboration among community programs and services for preschool-age children and their families.

This information will be used to assess the progress of Community Partnerships Councils statewide.

2A.   Please attach the council's written mission statement.

2B.   *For those who did not receive an expansion grant,* please summarize what the council has achieved in each of the five CPC objectives. (Please attach no more than one page)

2C.   Please attach the council's project goals for the upcoming year or years. If possible, state these projected goals in terms of benchmarks. For example, "By 2001, we will provide services to all preschool children whose parents want them to participate," or "By 2002, 75% of the center-based providers in the community will be accredited or actively pursuing accreditation."

2D.   Please attach a list of full council membership, affiliations and their roles, if any, on the council. (This applies to councils with memberships much larger than what is reflected on the sign-off sheet.)

2E.   What is the average number of members who attend the council meetings?_____

2F.   Please submit a copy of the council's by-laws. If by-laws have not yet been developed, please discuss the timelines for developing them.

2G.   Please attach a description of the procedures followed for children as they transition ...

　　　1.   out of Early Intervention and into integrated/inclusive settings (for children with disabilities).

　　　2.   into kindergarten (for all children). If there is a difference in transition from Head Start, public schools, private centers and/or family child care homes, please describe them.

2H.   How does the local school system(s) link with the CPC program in coordinating outreach and screening activities to identify preschool and kindergarten children who may be eligible for special education services?

2I. Community Partnerships for Children council sign-off sheet (copy if additional forms are needed.)

Name and Agency (print)	Role/Position	Address and Phone Number	Signature[11]	Check if council chair/co-chair
	Parent of young child[12]			
	Parent of a young child[12]			
	Principal[12]			
	Area CCR&R[12]			
	Head Start[12]			
	Representative of private child care providers[12]			
	Provider of early care and education[12]			
	Provider of early care and education[12]			
	Family Child Care provider			

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[11] By signing this page as a new or continuing member, I agree with the following statements:
  1. I have reviewed the budget with dollar allocations.
  2. I have reviewed and am aware of the number of children and families served and how the grant funds have been used.
  3. I recognize that I am responsible for continuing to be aware of budget and services offered in the upcoming fiscal year.
  4. I have seen or am aware of the information being reported in this application.

If a member does not sign-off on this page, that member should submit comments with the application.

[12] Required representatives. Other community representation is encouraged. Council members should be representative of the racial and ethnic diversity of the community. To ensure that parents represent the parent perspective, parents should <u>not</u> be teachers, directors, family child care providers, etc. in an CPC-associated program. An individual paid by this grant should not be the sole chair.

3A. Family Education: These activities focus on improving parenting skills and families' knowledge of child development and early care and education. *Estimate the total number of individuals who, over the course of FY 99, participated in the activities listed. List only those activities funded all or in part by CPC funds.*

Activity	Offered (Yes or No)	Estimated number of participants[13]
Parent Support Groups	_____	_____
Parent/Child Activities	_____	_____
Playgroups	_____	_____
Adult Education	_____	_____
Home Visits	_____	_____
Development of a Parent Resource Center/Library	_____	_____
Dissemination of Child Development/Guidance Materials	_____	_____
Other – Please describe:_____		
_____	_____	_____

3B. Family Literacy: These are activities that focus on increasing literacy. These may be designed for adults alone or be designed for parents and children to interact with a focus on literacy and pre-literacy. *Please estimate the total number of individuals who, over the course of FY 99, participated in the activities listed below. Only list those activities funded all or in part by CPC funds.*

Activity	Offered (Yes or No)	Estimated number of participants[12]
Family literacy seminar/workshop	_____	_____
Parent/Child Literacy Activity	_____	_____
Story Hours	_____	_____
Literacy Conference/Fair	_____	_____
Book Lending Library for Families	_____	_____
Other – Please describe:_____		
_____	_____	_____

3C. What other comprehensive services does your CPC offer (social services, mental or physical health services, nutrition, home visits, etc.)?

Objective 4: **Provide early childhood programs and services that are high quality.**

4A. Family Child Care Credentials: CDA and accreditation

The following questions pertain to those family child care providers participating directly and/or indirectly with CPC:

1. How many providers have their CDA credential? _____
2. How many are working towards their CDA credential? _____
3. How many have achieved national program accreditation for family child care providers (through NAFCC) instead of or in addition to receiving their CDA? _____
4. How many are working towards their national accreditation through NAFCC? _____
5. How many are exempt from requirements because they hold an Associate's, Bachelor's, or Master's degree in Early Childhood Education? _____

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[13] This number should be the estimated total number of participants for all activities offered within a given category. For example, the CPC offers a 3-part parenting workshop for 12 parents -- list 12 as the number of participants, not 36. However, if the CPC program offered a 3-part parenting workshop on 3 different topics and each topic attracted 12 parents, list 36 participants. Another example: Parent A attended a parent/child activity, a one-day workshop on Positive Discipline and attended a weekly playgroup. This parent should be counted as a participant 3 times. In other words, participants should be counted for each individual activity.

4B. How many family child care providers are not willing to participate because of the CDA/accreditation requirement? If you do not have an exact number, please estimate: _____

4C. Accreditation of center-based programs (National Academy of Early Childhood Programs (NAECP))

The following questions pertain to center-based programs participating directly and/or indirectly with CPC:
1. How many center-based providers are accredited by NAECP/NAEYC?   _____
2. How many center-based providers are currently in self-study?   _____
3. How many have completed the self-study and are awaiting their validation visit?   _____

4D. What is the average length of time that a program remains in self-study? _____

4E. In the council's estimation, what are the three greatest barriers to accreditation? (Rate 1 to 3, with 1 being the biggest challenge)

_____ None	_____ Health and safety
_____ Director turnover	_____ Indoor physical environment
_____ Relocation	_____ Outdoor physical environment
_____ Philosophical differences	_____ Cost
_____ Parent opposition	_____ Curriculum
_____ Staff qualifications	_____ Staff turnover
_____ Lack of training	_____ Other:_____

4F. How many center-based programs, including Head Start, private providers and public schools, are not willing to participate in CPC because of the accreditation requirement? If you do not have an exact number, please estimate: _____

4G. Please attach a description of any efforts by the CPC program to address the emotional and/or behavioral needs of children, curriculum development and adaptation, inclusion of children with disabilities and other activities related to improving the quality of services for children of diverse abilities and cultural, linguistic and economic backgrounds.

5. Conduct community outreach to provide opportunities to families who may be hard to reach by traditional methods to enroll their children in a program that meets their needs.

5A. What are you doing for outreach, including outreach to hard to reach families?

ADMINISTRATION OF CPC

1. **Rates**

1A. Please place a check next to the rate system used by the CPC program:
_____ Private/published rates
_____ OCCS state rates
_____ Community rate (see TA guide for description)
_____ Other – please describe:_____

1B If the CPC program reimburses at the providers' private rate, **attach a list of all direct service subcontractors,** including the lead agent, used in FY 99. For each subcontractor, including the lead agency, please respond to each of the following questions:

What was the highest full-day rate (5 hours or more) charged to the CPC by that provider?   _____
What was the highest part-day rate (less than 5 hours) charged to the CPC by that provider?   _____

If the CPC program reimburses at a <u>community rate</u>, state the rate for:

_____ center-based programs, including head start, private and public school programs
_____ family child care providers (independent)
_____ family child care providers (systems)

1D. How did the CPC council determine the community rates listed above?

2. **Coordination/Management:** Below is a list of categories of activities that are typically part of administering a Community Partnerships for Children program. The Department is interested in understanding the number of hours it takes to administer the CPC program and how that may differ across programs. These tasks may be performed by more than one person. If so, combine the hours of all people involved in these tasks, whether or not they are paid by the CPC grant. These categories are:

Fiscal to include, but not be limited to, overseeing and managing the budget, amendments, developing and managing subcontracts, money management, purchasing of supplies and materials

Management/administration includes, but is not limited to, hiring staff, supervising staff, developing grant proposals

Coordination to include, but not be limited to, public outreach, organizing trainings, planning and preparing for council/coalition meetings

Eligibility and Subsidy Management to include, but not be limited to, coordinating intake for families, determining eligibility and parent fees, identifying and arranging placement for eligible child

Evaluation and Program Improvement to include, but not be limited to, developing goals and objectives, evaluating services and activities, identifying areas of needed improvement, developing service and program improvement plans

2A. Using the definitions above, please estimate the average number of hours per week spent doing these activites in FY 99. The hours may include the time of more than one person and can be counted whether or not the people are paid through the grant).

_____ hours/week doing **fiscal**-related activities
_____ hours/week doing **management/administration**-related activities
_____ hours/week **coordinating** CPC activities and services
_____ hours/week doing **eligibility and subsidy management**
_____ hours/week doing **evaluation and program improvement** related activities

2B. There are other functions that CPC coordinators may perform above and beyond their CPC responsibilities. Please check those activities listed:

_____ leading training/workshops
_____ teaching children
_____ home visiting
_____ serving as center director/principal
_____ participating in special education activities (e.g., team meetings, prereferrals; screening)
_____ participating in kindergarten through grade 3 activities (e.g., curriculum development, supervision of teachers)
_____ consulting to local providers and programs
_____ other – please describe:_____

FY 99 BUDGET SUMMARY–Community Partnerships for Children – (based on actual expenditures)

1.   Allocation of funds

CPC GRANT for FY 99 (include continuation and new expansion funds):
Phase I & II funds (up to FY 95): $_____
Phase III funds (FY 96-FY99): $_____

Total Award: $_____

1A. Of the CPC funds, how much is committed to each of the following for **direct and/or indirect services for Phase I and/or II, and Phase III?** Include all funds for lead agency overhead, training, indirect costs, etc. For collaborative activities that include all or a combination of the providers listed below (e.g., joint professional development), amounts may be split among these sectors. Indirect or overhead costs should be credited to the lead agency.

Type of Program	Estimated Amount for Direct and/or Indirect Services in FY 99	Estimated Amount for Direct and/or Indirect Services in FY 99
	PHASES I AND II	PHASE III
A. Head Start	$	$
B. Public School	$	$
C. Private (center-based) preschool and child care	$	$
D. Family Child Care	$	$
E. Child Care Resource and Referral Agency (**expenditures for subsidies should be credited to lines A, B, C, or D. Use this line for all other functions, such as training.**)	$	$
F. Other Agencies (name)	$	$
G. **Total** (when added across, should equal the total continuation grant amount for FY 00).	$	$
H. Of those who receive Phase I funds (up through FY 92), how much was spent on kindergarten?	$	
I. In FY 99, how much of the total award funded direct services[14]		Lead Agency: $ Subcontractors: $ **Total amount: $**
J. Of all CPC funds, estimate how much was spent on training		By lead agency: $ By subcontractors: $ **Total amount: $**
K. Based on FY 99 revenues, how much money **was actually collected** in parent fees in all participating programs?	(If applicable): $	$

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[14] Direct services = children in programs, should include number receiving tuition subsidies and/or children served in a classroom where a teacher and/or an aide was paid with CPC funds.

2.   **Subcontracts for Early Care and Education for FY 2000**

2A   Attach a list of subcontractors, along with the following information:

1. Agencies to receive subcontracts for serving children <u>and</u> Child Care Resource and Referral agency subcontracts for services to children (slots or vouchers). *Funds for CCRR voucher management, training and other functions should be listed separately from child subsidies (see the second and third examples below).*
2. The number of children to be served by the lead agency:_____
3. The subcontractors' <u>street address</u>, <u>city</u> and <u>zip code</u> as well as their <u>federal ID #</u>.
4. The estimated amount of each subcontract with the rate formula
5. How many children will be served
6. The estimated average daily rate per child, including a designation of full-time or part-time

If the individual agency is not yet known, designate what is known (e.g., 2 private child care centers to be selected to serve 2 children each for 12 months = $20,000).

The total amount of all subcontracts should be listed in Line #5 of the budget (Part II) under "other."

Other subcontracts, such as for training, should be listed in the appropriate category in Line #5 (Part II – Budget Detail).

The following is the recommended format for the subcontract page. You may provide additional information if needed:

Subcontractor	Number of Children To be served	Estimated Daily Rate or Range of Rates (PT/FT)	Nature of Service	Estimated sub-contract amount
Example:				
Head Start 100 Main St. Anytown, 00000 FED ID:111111	10	10 for wrap-around @ $12.00/day	Tuition subsidies for 10 children	$20,400
ABC Day Care 200 Main St. Anytown, 00000 FED ID: 222222	3	2 children part-time - @ $15.00/day 1 child full-time - @ $30.00/day	Tuition subsidies for 3 children ($15,660); training ($5,000)	$20,660
Joanne Jones' Family Child Care 300 Main St. Anytown, 00000 FED ID: 333333	2	2 children full-time - @ $25.00/Day	Tuition subsidies for 2 children ($13,050) Supplies ($2,000) Reimbursement for College course ($2,500)	$17,550

2B.   In addition, please provide: a) the street address, city, zip code and the federal ID number for <u>lead agency</u> and b) the projected number of children to be served by the lead agency. If possible, list this information on the same attachment as the subcontractors.

Massachusetts
Family Network

Fund Code: 296

Name of Grant Program:	Massachusetts Family Network	Fund Code: 296

Purpose: To support the continuation of the Massachusetts Family Network (MFN), a grant program to provide parent outreach, education and support to families with children prenatal through age three.

Priorities: Plan and conduct outreach to all families with children prenatal through age three (up to age four) through a variety of methods in order that families who may be hard to reach by traditional methods are located, organized into voluntary associations of families for mutual support, and offered opportunities to participate in family education and support programs.

Coordinate a system of family outreach, education and support resources/services for all families with children prenatal through age three in collaboration with other programs and agencies within the community.

Structure opportunities for all families with children prenatal through age three to build upon their own educational experiences, increase parenting skills to enhance their children's development, take leadership roles in communities, and develop inter-family and community relationships.

Evaluate the MFN program and develop a process for making adaptations and improvements based on evaluation information.

Eligibility: Funds will be awarded to the 30 lead agencies that received MFN grants in FY99.

Funding: Each recipient may apply for the same amount of MFN funds awarded in FY99.

Fund Use: The grant requires all programs to provide the following components, based on family's needs, through direct services, referrals and subcontracts with other programs and agencies: a space to implement program activities, home visits, guidance in child development, health and developmental screening, adult education, family literacy activities, family and community events, support groups, leadership opportunities, advocacy skills, assistance with meeting basic needs, transportation and child care for program activities, and support of local coalition building activities.

Program Duration: 7/1/99 - 6/30/2000

Contacts: Fran Basche or Rachel Weil

Phone Numbers: (781) 388-3300 extension 210 or 355

PART III: REQUIRED PROGRAM INFORMATION -- MFN FY 2000 Continuation Grant

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Please respond to the following questions in 5 pages or less:

1.   GOALS AND ACCOMPLISHMENTS

1A.   Summarize the major activities and accomplishments for FY99.

1B.   Summarize the major goals and activities planned for FY2000, including expected results and target population.

1C.   Describe the roles and responsibilities of staff and council/coalition members in developing this continuation grant application.

1D.   Please respond to the appropriate question for the fiscal year in which your MFN program was initially funded:

a)   Phase I (FY95), II (FY97) and III (FY98): What advice would you give to a new MFN? How has your MFN program evolved and/or changed over the years? What have been the themes of each year of implementing your MFN program?

b)   Phase IV(FY99): What have been your MFN program's biggest challenges so far? What are your MFN program's most significant accomplishments so far?

2.   ADMINISTRATION AND MANAGEMENT

2A.   **Coordinator:** A major focus of the MFN is collaboration. Within the theme of collaboration, the role of the MFN coordinator has been described as "the glue that holds the program together." Please 1) attach a description of the role, responsibilities, activities of the coordinator in the areas listed below, and 2) provide an estimated percentage of time the MFN Coordinator devotes to the following areas:

<u>Function</u> (suggested activities)	<u>% of time</u>
collaboration: (e.g., representing MFN on other community councils/coalitions, attending meetings for other local and state initiatives, etc.)	_____
fiscal management: (e.g., overseeing/managing budget and amendments, developing subcontracts, purchasing supplies, etc.)	_____
administration: (e.g., hiring staff, supervising staff, proposal development, etc.)	_____
evaluation: (e.g., developing goals and objectives, evaluating various services and activities, identifying areas of needed improvement, etc.)	_____
direct service: (e.g., leading parent groups or playgroups; leading workshops; etc.)	_____
other: (describe)	

2B.   **Clerical/Administrative Support:** As MFN programs continue to expand, provide more services and serve additional families, clerical/administrative support is needed to assure smooth day-to-day operations.

•   Please describe the adequacy or your MFN program's capacity for clerical/administrative support (e.g., data collection, entry, analysis, answering phone calls, making copies, mailings, typing meeting agendas and minutes, developing flyers for program activities, etc.)

•   If your council/coalition has not allocated funds or staff for administrative/clerical support, please provide a rationale and a plan for how you will meet this need in FY 99.

2C.   **Council/Coalition**: Please provide the following information on your council/coalition:

- number of parents that meet the Department's definition of parent for the MFN program (see definition below);
- number of non-traditional partners, e.g., religious organizations, businesses, etc.
- any challenges your program has faced in broadening the council's/coalition's representation and any successful strategies developed to meet these challenges;.
- the status of your by-laws (i.e., finalized, finalized with a process for amending if needed, in draft form, not yet developed). Please attach a copy of your by-laws. If your council's/coalition's by-laws have yet to be developed, please describe plans for their development (including a time frame);
- the process you use for addressing differences of opinion or disagreements within the council/coalition.

2D.   **Program Components**: In the FY99 expansion of MFN, a component was added: a space to implement program activities. This space could be a family center, one or multiple resources centers, etc.

a) If your MFN program <u>does not</u> currently include such a space, please describe plans to create a space or provide a justification for why a space is not appropriate for your MFN.

b) If your MFN program <u>does</u> include a space to implement program activities, please describe its use and the benefits of this space for families.

2E.   **MFN Costs**: In addition to the grant, please provide the following information on any other sources of funding used to support the program (in-kind contributions may be included): ·

- source of funding
- name of grant (if applicable)
- amount of funds used to support MFN activities
- a description of how these funds support MFN activities

The **MFN definition of a parent**: Any biological, adoptive or foster caregiver of a child under the age of four, or a grandparent or other relative who is involved with the child on a daily or weekly basis, either through custody or on-going care, is a "parent." On the council/coalition, persons may serve purely in their role as parents, and may not also be a provider of child or family services. Those professionals who may be parents but whose role on the council/coalition is to represent service providers or other organizations may not be counted as parent representatives. For example, an Early Intervention specialist who is the mother of a two-year-old could not be a parent representative. A grandparent whose children and grandchildren live out of the service area should not be counted as a parent representative, but could be counted as a community member.

Consolidated Application Section

Parts I and II

INSTRUCTIONS

General Instructions: The Standard Consolidated Application for Program Grants has been developed for the purpose of collecting information for multiple grant programs at one time in a consistent and simplified manner. An application may contain up to four discrete parts as follows:

Part I -   general descriptor information in a consolidated format which identifies the applicant, the source and type of funds being applied for, and a single certification/sign off by an authorized agency representative.

Part II -   consolidated budgetary information structured in an object of expenditure or line item format and containing sufficient sub-line item information to comply with the relevant laws.

Part III -   a program narrative section including detailed program information required by law or regulations which govern the grant program.

Part IV -   a section to report relevant statistical information required under the grant program.

Minimally, an application will contain Parts I and II, and may include either or both Parts III and IV, depending on the unique requirements of the grant program. A current and appropriate master agreement covering specific compliance requirements applicable to the administration of grant funds, must be submitted with the application if the applicant has not already filed a three-year master agreement with the Department. In addition, a set of standardized schedules has been developed for the purpose of collecting supplemental information for certain programs and projects. Please refer to the request for proposals to determine which, if any, schedules are required to be filed with your application for funding.

Grant recipients are advised that: (1) while grants may be applied for in a consolidated manner, separate and auditable records must be maintained for each project, (2) payrolls must be supported by time and attendance records, (3) salaries and wages of employees chargeable to more than one grant program must be supported by time distribution records, and (4) funds must be administered in compliance with relevant federal, state and local laws, regulations and policies.

Specific instructions: Part I (General Descriptor Information)

Item:

(A)   Legal name and address of applicant agency.

(B)   Self explanatory

(C)   The appropriate and responsible representative (i.e. the superintendent, collaborative director, or chief executive officer of an agency) must sign the certification, indicating his/her typed name, title and the date signed. In the absence of the above named officials, an assistant superintendent or similar administrator, depending on the agency, may sign provided that he/she has been appropriately delegated this authority.

(D)   Indicate the name, telephone number and address of a person in the applicant agency who will be responsible for answering questions and providing information regarding the grant project.

Specific Instructions: Part II (Budgetary Information)

The budgetary part of the Standard Application contains financial information to support project expenditures. Its purpose is to consolidate budgetary information, using a line item or object of expenditure format. There are two sections: (A) requests line item amounts and totals for all grants being applied for in a consolidated format; (B) requests required detail information for the sublines of each project.

If the space provided on the detail page is insufficient to supply the requested information, attach additional sheets as necessary. However, please make every effort to use only the space provided.

There is sufficient detail in the budget format to cover most costs to be included under a project. However, all allowable items may not be listed (these can be included under "Other - Non Classified"), and certain listed items may not be allowable under all grant programs. Refer to the Request for Proposals or contact the appropriate representative of the Department if you have any questions regarding particular costs.

Part II

(A)   Line Item Budget Column:

(1)   Supervises project staff and/or directs the project. Costs included under this line item must be directly attributable to the project and documented.

(2)   Professional staff that provide direct educational/instructional services under the project.

(3)   Other staff that provide services necessary to support direct educational/instructional services under the project. Costs included under this line item must be directly attributable to the project and documented.

(4)   If fringe benefits are offered to project staff, these benefits must be granted under approved plans and be consistent with the applicant agency's standards for similar costs supported with other than project funds.

(5)   Services which cannot be provided by other full or part-time staff employed by the project. Generally, these services are for a short-term period and provide a specific and identifiable product or service. Recipients must adhere to relevant procurement standards when advertising for or soliciting potential service providers. Costs for substitutes and stipends would normally be reflected in this budget line.

(6)   Costs necessary to carry out the project. Supplies are defined as expendable personal property having a useful life of less than one year <u>or</u> an acquisition cost of less than $5,000 per unit.

(7)   Costs for employees on official business incident to the project. Costs must be consistent with the applicant agency's standards for similar activities supported with other than project funds.

(8)   Other:

Advertising - Costs for newspaper, magazine, radio, television, direct mail, trade paper, or other advertising provided that the costs are solely for: (a) recruitment of personnel required for the project, (b) solicitation of bids for procurement of goods or services required for the project.

Maintenance and Repairs - Costs incurred for maintenance or repair of equipment purchased with project funds necessary to keep it in efficient operating condition.

Memberships and Subscriptions - Costs of membership in civic, business, technical and professional organizations provided that: (1) the benefit from the membership is related to the project, (2) the expenditure is for agency membership, (3) the cost of the membership is reasonably related to the value received, and (4) the expenditure is not for membership in an organization which devotes a substantial part of its activities to influencing legislation.

Printing and Reproduction - Costs incurred for printing and reproduction services necessary for project administration, including forms, reports, manuals and informational literature.

Transportation - Costs for pupil travel to and from school, between schools and in and around school buildings and for appropriate field trips or site visits, etc. related to the project.

Telephone/Utilities - Direct costs for telephone/telecommunications service and utility expenses relating exclusively to the project.

Rental of Space/Equipment - Direct costs for rental of space/equipment which relate exclusively to the project, provided that the total cost does not exceed the rental costs for similar space or equipment supported with other than project funds.

Non-classified - Use this category for allowable costs not included under the above line items.

(9)   For all school districts in Massachusetts, costs must be consistent with the rate established by the Department's Office of School Finance. For other than school systems, applicant agencies must comply with provisions of CFR 34 S.76.561. (Please note that indirect costs are not allowable under certain grant programs. If you have any questions regarding this issue, contact the appropriate representative of the Department.)

(10)   Costs necessary to carry out the project. Grant Equipment is defined as tangible non-expendable personal property having a useful life of more than one year <u>and</u> an acquisition cost of $5,000 or more per unit.

Part II   (B)   Detailed Information for each grant sought.

(C)   Self explanatory

(D)   List the title of the staff employed under the project. In identifying the title, you should attempt to relate the title to any certification or licensing standards which may be required for the position.

(E)   Indicate the actual number of staff (head count) for the positions listed under *Title*.

(F)   Summarize and indicate the time funded as a percentage of full time equivalency for the positions listed under *Title*.

(G)   For all positions listed under *Title*, check if the staff are members of the Massachusetts Teachers' Retirement System (MTRS). **(Disregard this requirement for state funded programs.)**

(H)   Indicate the amount budgeted for the positions listed under *Title*.

(I)   Indicate the subtotal of the amounts for each line item.

(J)   Indicate the amount of *Fringe Benefits* allocable to the Massachusetts Teachers' Retirement System.

(K)   Self explanatory

(L)   Self explanatory

(M)   Self explanatory

(N)   Self explanatory

(O)   Self explanatory

(P)   Indicate the rate applied.

(Q)   Identify the item and quantity to be purchased and provide a brief statement of need and the amount.

MASSACHUSETTS DEPARTMENT OF EDUCATION
STANDARD CONTRACT FORM AND APPLICATION FOR PROGRAM GRANTS

PART I - GENERAL

For which communities:

A. APPLICANT: (lead agency):

ADDRESS:

TELEPHONE: (   )

B. APPLICATION FOR PROGRAM FUNDING:

FUND CODE	PROGRAM NAME	PROJECT DURATION		AMOUNT BEING APPLIED FOR
		FROM	TO	
296	Massachusetts Family Network	Approval	6/30/2000	
391	Community Partnerships for Children	Approval	6/30/2000	
	TOTAL AMOUNT BEING APPLIED FOR:			

C. I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETE; THAT THE APPLICANT AGENCY HAS AUTHORIZED ME, AS ITS REPRESENTATIVE, TO FILE THIS APPLICATION; AND THAT I UNDERSTAND THAT FOR ANY FUNDS RECEIVED THROUGH THIS APPLICATION THE AGENCY AGREES TO COMPLY WITH ALL APPLICABLE STATE AND FEDERAL GRANT REQUIREMENTS COVERING BOTH THE PROGRAMMATIC AND FISCAL ADMINISTRATION OF GRANT FUNDS.

AUTHORIZED SIGNATORY:	TITLE:
TYPED NAME:	DATE:

DO NOT WRITE BELOW THIS LINE

MASSACHUSETTS DEPARTMENT OF EDUCATION USE ONLY	
GRANTS MANAGEMENT	
For the Department Authorized Signatory:	Date:

PART I - GENERAL   **APPLICANT:**

D. Insert information about lead agency and project contact people.

FUND CODE	PROGRAM NAME	CONTACT PERSON 1. Lead Agency 2. Project Contact	TELEPHONE (A/C) Ext. 1. Lead agency 2. Project contact	MAILING ADDRESS OF GRANT CONTACT PERSON (if different from applicant address on front cover of grant) (School/Organization Street City/Town Zipcode) 1. Lead Agency/ 2. Project
296	Mass. Family Network	1.	1.	1.
		2.	2.	2.
391	Community Partnerships for Children	1.	1.	1.
		2.	2.	2.

PART II - LINE ITEM BUDGET A.

APPLICANT:

Fund Code	1. Adminis-Trators	2. Staff: Instructional & Professional	3. Staff: Support	4. Fringe Benefits		5. Contractual Services	6. Supplies & Materials	7. Travel	8. Other Costs	9. Indirect Costs	10. Equip-ment	TOTAL
				MTRS	Other							
296 MFN												
391 CPC												

PART II PROJECT EXPENDITURES
B. DETAIL INFORMATION

APPLICANT:	FUND CODE:

C. ASSIGNMENT THROUGH SCHEDULE A ☐
Check this box ONLY if this project will be using funds assigned by more than one agency. A completed   Schedule A, with signatures and the amount of funds assigned by each participating agency, must be attached to this Budget Narrative.

D. TITLE	E. # OF STAFF	F. FTE	G. MTRS *	H. AMOUNT	I. TOTAL
1. ADMINISTRATORS: (lead agency only)					
SUPERVISOR/DIRECTOR					
PROJECT COORDINATOR					
SUB-TOTAL					
2. INSTRUCTIONAL/PROFESSIONAL STAFF:					
SUB-TOTAL: (this line for lead agency only)					
3. SUPPORT STAFF: (lead agency only)					
AIDES/PARAPROFESSIONALS					
SECRETARY/BOOKKEEPER					
OTHER					
SUB-TOTAL					

*Check the MTRS box if the identified employee(s) is/are a member of the MA Teachers' Retirement System.
 This requirement applies only to federally funded grant programs.

4. FRINGE BENEFITS: (lead agency only)	AMOUNT	LINE ITEM SUB-TOTAL
J. MA TEACHERS' RETIREMENT SYSTEM		
K. OTHER FRINGE BENEFITS (Other retirement systems, health insurance, FICA)		
SUB-TOTAL		

L. 5. CONTRACTUAL SERVICES: Indicate the services to be provided and the rate to be paid per hour or per day, whichever is applicable. RATE Hour/Day	AMOUNT	LINE ITEM SUB-TOTAL
CONSULTANTS $		
SPECIALISTS $		
INSTRUCTORS $		
SPEAKERS $		
STIPENDS $		
SUBSTITUTES $		
OTHER (attach list of subcontracts for subsidies and CCRR's)		
SUB-TOTAL		
M. 6. SUPPLIES AND MATERIALS: Items costing less than $5000 per unit or having a useful life of less than one year. Briefly describe below.		
SUB-TOTAL		
N. 7. TRAVEL: Mileage, conference registration, hotel and meals		
SUB-TOTAL		
O. 8. OTHER COSTS: Please indicate Other Costs in the space provided. Advertising, Maintenance/Repairs, Memberships/Subscriptions, Printing/Reproductions, Transportation of Students, Telephone/Utilities, Rental of Space/Equipment, Non-Classified		
SUB-TOTAL		
P. 9. INDIRECT COSTS Approved Rate:		
Q. 10. EQUIPMENT: Items costing $5,000 or more per unit and having a useful life of more than one year. Itemize and state below the need for each item.		
SUB-TOTAL		
TOTAL FUNDS REQUESTED		